

**REVOCATION AND NEW APPOINTMENT
OF POWER OF ATTORNEY AND
CHANGE OF CORRESPONDENCE
ADDRESS**

ATTORNEY DOCKET NO.

1013-014 US

U.S. APPLICATION SERIAL NO.

10/712,393

CONFIRMATION NO.

6842

FILING DATE

November 14, 2003

INVENTOR(S)

James W. LILLARD JR

EXAMINER (If known)

**Cherie Michelle
WOODWARD**

ART UNIT (If known)

1647

TITLE OF APPLICATION

**ANTI-CHEMOKINE AND ASSOCIATED RECEPTOR ANTIBODIES
AND USES FOR INHIBITION OF INFLAMMATION**

COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint the practitioners associated with Customer Number

38598

Patent & Trademark Office

to transact all business in the U.S. Patent & Trademark Office in connection with this application.

Please change the correspondence address for the above-identified application to the address associated with the aforementioned Customer Number.

I am the:

Applicant/Inventor.
 Assignee of record of the entire interest (See 37 CFR 3.71). A statement under 37 CFR 3.73(b) is enclosed.

SIGNATURE of Assignee

Signature

James W. LILLARD

Morehouse School of Medicine

Printed or Typed Name

9/10/10

Date

NOTE: Signatures of all of the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.